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| Filing Date | HEREWITH |
| First Named Inventor | William H. Cork |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | F-5629 |

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| OR | | Customer Number | | → [| Place Customer Number Bar Code Label here |
| × Practition | ner(s) na | amed below: | | | |
| _ | | Name | | Registratio | n Number |
| | dford R. | | | 101 | |
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| Gary | y W. McI | -arron | 27, | 357 | |
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| | | espondence address for the above-ider ed Customer Number. | ntified | application to: | |
| X Firm or Individual Na | ame | Bradford R. L. Price | | | |
| Address | | Baxter Healthcare Corporation - Fenv | vall Di | vision, RLP-3 | 0 |
| Address | | P.O. Box 490 - Route 120 & Wilson F | Road | | |
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| Country | | USA | | | |
| Telephone | | (847) 270-2632 | Fax | (847) 270-26 | 58 |
| | e of reco | rd of the entire interest. See 37 CFR 3. | | | |
| Stateme | nt under | 37 CFR 3.73(b) is enclosed. (Form P1 | TO/SB | /96). | |
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| First Named Inventor | William H. Cork | |
| Group Art Unit | | |
| Examiner Name | | |
| Attorney Docket Number | F-5629 | |

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| Practitioners at OR | Customer Number | □ | Place Customer Number Bar Code Label here |
| X Practitioner(s) na | amed below: | _ | |
| | Name | | on Number |
| Bradford R. | | 29,101 | |
| Amy L. H. F | | 32,094 | |
| Michael C. | • | 38,545 | |
| Gary W. Mo | Farron | 27,357 | |
| | or agent(s) to prosecute the application in States Patent and Trademark Office con | | |
| | espondence address for the above-ident ned Customer Number. | ified application to | 0: |
| X Firm <i>or</i> Individual Name | Bradford R. L. Price | | |
| Address | Baxter Healthcare Corporation - Fenw | all Division, RLP- | 30 |
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| Telephone | (847) 270-2632 | Fax (847) 270-2 | 658 |
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| Examiner Name | |
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| | adford R. | | | 29. | 101 | |
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| X Firm or | | | | | | |
| Individual | Name | Bradford R. L. Price | | | | |
| Address | | Baxter Healthcare C | orporation - Fenv | vall Di | vision, RLP- | -30 |
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| | | SIGNATURE of A | pplicant or Assign | ee of F | Record | |
| Name | Richard | L. West | | | | |
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| First Named Inventor | William H. Cork |
| Group Art Unit | TYMICHT FF. COIK |
| Examiner Name | |
| Attorney Docket Number | F-5629 |

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| l acti | tioner(s) named below: | Laber nere |
| l 1- | Name P. J. D. i. | Registration Number |
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| | my L. H. Rockwell | 32,094 |
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| OR | | |
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| Address Address City Country Telephone I am the: X Applicat Assigne Stateme | Baxter Healthcare Corporate P.O. Box 490 - Route 120 8 Round Lake USA (847) 270-2632 Int/Inventor. e of record of the entire interest. See 3 ant under 37 CFR 3.73(b) is enclosed. SIGNATURE of Applicant of Ying-Cheng Lo | State Illinois Zip 60073 |
| Address Address City Country Telephone I am the: X Applicat Assigne Stateme | Baxter Healthcare Corporate P.O. Box 490 - Route 120 8 Round Lake USA (847) 270-2632 Int/Inventor. e of record of the entire interest. See 3 ant under 37 CFR 3.73(b) is enclosed. SIGNATURE of Applicant of Ying-Cheng Lo | State Illinois Zip 60073 |
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| First Named Inventor | William H. Cork |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | F-5629 |

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| Address | | P.O. Box 490 - Rou | | | 1 | | |
| City | | Round Lake | | State | Illinois | Zip 60073 | |
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| | | SIGNATURE of A | applicant or Assign | nee of | Record | | |
| Name | William | n H. Cork | | | | | |
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| Examiner Name | |
| Attorney Docket Number | F-5629 |

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| Amy L | H. Rockwell | | 32,094 | | |
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| Address | Baxter Healthcare | Corporation - Fenw | all Division, RL | P-30 | |
| Address | | oute 120 & Wilson R | | | |
| City | Round Lake | | State Illinois | S Zip 60073 | |
| Country | USA | | | | |
| Telephone | (847) 270-2632 | | Fax (847) 270 |)-2658 | |
| I am the: X Applicant Assignee Statemer | t/Inventor. of record of the entire intention of the intention of the entire | erest. See 37 CFR 3 s enclosed. (Form P7 | .71. FO/S <i>B</i> /96). | | |
| | | of Applicant or Assign | | | |
| | Mark C. Weber | | | | |
| Name | Walk C. Webci | | | | |
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| Date | 9/17/01 | | | | |
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| City | Round Lake | | State | <u>IL</u> | ZIP _60073_ | | | |
| Country | USA Tele | phone (847) 2 | 70-263 | 32 | Fax (847) 270-2658 | | | |
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| NAME C | OF SOLE OR FIRST INVENTOR : | A petition h | as be | en filed for this uns | signed inventor | | | |
| | Given Name (first and middle [if any]) William H. Family Name or Surname Cork | | | | | | | |
| Inventor's Signature | | | | | Date 9/7/4 | | | |
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| NAME (| OF SECOND INVENTOR: | A petition ha | s beel | n filed for this unsi | gned inventor | | | |
| Given Na (first and | me middle [if any]) <u>James</u> <u>J.</u> | . <u>. </u> | | ly Name Irname Ulmes | | | | |
| Inventor's | | ne | | | Date 10/10/0/ | | | |
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| Mailing A | Address 575 Cortland Drive | | | | | | | |
| City La | ke Zurich | State Illinois | | ZIP 60047 | Country USA | | | |
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1__ of _2

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|---------------------------|--|-------------|----------|----------------|-----------|-----------------|----------|-----------|--------|---------|
| Given Na | me (first and middle [if any | y]) | | | | Family Na | me or S | Sumame | | |
| <u>Richar</u> | d L. | | | | West | | | | | |
| Inventor's Signature | And | 1.6 | Jos | | | | | Date | , | 10/9/01 |
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| Name of Addition | Name of Additional Joint Inventor, if any: | | | | | | ventor | | | |
| Given Na | Given Name (first and middle [if any]) Family Name or Surname | | | | | | | | | |
| Ying-C | Ying-Cheng Lo | | | | | | | | | |
| Inventor's Signature | 400 | Ram | 7 6 | Lo | | | | Da | ıte | 10-02-9 |
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| Name of Addition | nal Joint Inventor, if a | ny: | | ^ | \ petitio | n has been file | d for th | is unsigi | ned in | ventor |
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| <u>Mark</u> | <u>C.</u> | | | Wel | ber | | | | | |
| Inventor's Signature — | alle | | | | | | | Da | ite | 9/17/0 |
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4__ of _4_

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|---|----------|------------------------|--|---------|------------------|
| Given Name (first and middle [if any]) | | Family Name or Surname | | | |
| Kyungyoon | | <u>Min</u> | | | |
| Inventor's Signature | | | | | Date Dec 10,2001 |
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| City Gurnee | State | | 60031 ZIP | Country | USA |
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| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
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| Inventor's Signature | | | | | Date |
| Residence: City | State | | Country | | Citizenship |
| Mailing Address | | | | | |
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| Mailing Address | | | 710 | Coul | ntrv |
| City | State | | ZIP | | |
| Name of Additional Joint Inventor, if any: | | | A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
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